

**STATE OF FLORIDA
HAZARD MITIGATION GRANT PROGRAM
PLANNING APPLICATION**

Attachment # 1
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THIS SECTION FOR STATE USE ONLY

FEMA-____-DR-FL

☐ Standard HMGP
☐ Standard FMA

☐ 5% Initiative Application
☐ Initial Submission or

☐ Application Complete
☐ Re-Submission

Support Documents

☐ Conforms w/ State 409 Plan
☐ In Declared Area
☐ Statewide

Eligible Applicant

☐ State or Local Government
☐ Private Non-Profit (Tax ID Received)
☐ Recognized Indian Tribe or Tribal Organization

Project Type(s)

☐ Wind
☐ Flood
☐ Other: _____

Community NFIP Status: (Check all that apply)

☐ Participating Community ID#: _____
☐ In Good Standing ☐ Non-Participating ☐ CRS

Reviewer Phone#: _____

Reviewer Fax#: _____

Reviewer E-Mail: _____

Date Application Received: _____

State Application ID: _____

State Reviewer: _____

Signature: _____

Date: _____

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) Planning proposals. Please complete ALL sections and provide the documents requested. If you require technical assistance with this application, please contact your State Emergency Management Division at (850) 922-5269.

APPLICANT INFORMATION

Title / Brief Descriptive Project Summary: _____

1. Applicant (Organization): _____

2. Applicant Type:

☐ State or Local Government ☐ Recognized Native American Tribe ☐ Private Non-Profit

3. County: _____

4. State Legislative District(s): _____ Congressional District(s): _____

5. Federal Tax I.D. Number: _____

6. FIPS Code*: _____ (*if your FIPS code is not known, please fill out FEMA Form 90-49 (Attachment A) so that the Department may obtain a FIPS code for you)

7. Does the Community have a FEMA approved Local Mitigation Strategy?

If Yes, what is the date of approval? _____

If No, what is the status of the current LMS? _____

8. National Flood Insurance Program (NFIP) Community Identification Number (this number can be obtained from the FIRM map for your area): _____

9. NFIP Community Rating System Class Number: _____

10. NFIP Last Community Assistance Visit Date: _____

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11. Point of Contact:

☐ Ms. ☐ Mr. ☐ Mrs. First Name: _____ Last Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

Email Address (if available): _____

12. Application Prepared by:

☐ Ms. ☐ Mr. ☐ Mrs. First Name: _____ Last Name: _____

Title: _____ Telephone: (____) _____ Fax: (____) _____

13. Authorized Applicant Agent (*proof of authorization authority required*)

☐ Ms. ☐ Mr. ☐ Mrs. First Name: _____ Last Name: _____

Title: _____ Telephone: (____) _____ Fax: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Date: _____

(Authorized Applicant Agent/Authorized Representative)

14. Attach a letter of endorsement for the project from the county's Local Mitigation Strategy Coordinator.

Section I. Project Description

A. Hazards to be Mitigated / Level of Protection

1. Select the type of hazards the proposed project will mitigate:

☐ All Hazards ☐ Flood ☐ Wind ☐ Storm surge ☐ Hurricane
☐ Fire ☐ Other (list): _____

2. Identify the type of proposed project:

☐ Plan Development*
☐ Risk Assessments
☐ Research and Development
☐ Studies not funded by other Federal Agencies
☐ GIS Improvements
☐ Other: _____

**Funds will not be provided to update existing Local Mitigation Strategies. However the development of other plans that supports the Local Mitigation Strategies will be considered for funding.*

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Section II. Project Information (Must be Completed in Detail)

The State of Florida Mitigation Strategy requires that all planning related projects submitted for mitigation funding be consistent with the community's LMS, the State's Mitigation Plan, and the Disaster Mitigation Act of 2000 and their associated planning requirements. The following questions address how your project intends to accomplish some of these aspects.

1. Clearly identify and describe the need or problem, provide a detailed description of the proposed project or activity and show how it meets the need or solves the identified problem.
2. Identify long and short-term tangible benefits of this project coupled with the availability of resources necessary to continue the project. Additionally, identify parties that will benefit from this project, (Ex. County Wide, Statewide or Designated Target Area)
3. Clearly describe how the proposed project or activity is consistent with and supports the community's LMS or the State Mitigation Plan activities. (Florida's State Mitigation Plan is located at <http://www.floridadisaster.org/brm/State-Mitigation-Strategy/State-Mitigation-Strategy.htm>)
4. Describe the planning process used in the selection of this particular method or approach to solving the problem and why this is the most feasible alternative.
5. Identify applicant project match.
6. Describe the applicant(s) experience and ability to perform the proposed work.

Tie Breaker – Answer the following question:

Describe any previous hazard mitigation planning and implementation activities in the community, that you have completed and that supports mitigation planning in the State of Florida.

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Section III. Budget/Costs

In this section, provide details of all the estimated costs of the project; **do not** include contingency costs in the budget.

A. Materials

<i>Item</i>	<i>Dimension</i>	<i>Quantity</i>	<i>Cost per Unit</i>	<i>Cost</i>

B. Labor (Include equipment costs -- please indicate all "soft" or in-kind matches)

<i>Description</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

C. Fees Paid Include any other costs associated with the project.

<i>Description of Task</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

Total Estimated Project Cost \$ _____

D. Under A. Materials, B. Labor and C. Fees Paid, provide a detailed justification on **each item** where funding is requested.

E. Funding Sources (round figures to the nearest dollar)

The maximum FEMA share for HMGP projects is 75%. The other 25% can be made up of Local funds as well as in-kind services.

Estimated FEMA Share \$_____ Percentage _____%

Non-Federal Share

Estimated Local Share \$_____ Percentage _____%

Other Non-Federal Share \$_____ Percentage _____%

Estimated Total Project Cost \$_____ Percentage _____%

Section IV. Project Milestones/Schedule of Work

*List the milestones in this project by providing an estimated time-line for the critical activities not to exceed a period of 3 years for performance. (e.g. **Data Gathering, Risk Assessment, etc.**)*

1. Timeline

Number of Days to Complete

[illegible]

2. What is the estimated start date?
3. What is the estimated completion date and how was it determined?

Section V. Maintenance

The following questions are to give assurance on the plan's maintenance, please answer each question and give a brief explanation.

1. Will the Plan be maintained on a regular basis?
2. Does the applicant have staff available to maintain the project? If not, how do you plan to obtain the necessary staff?
3. What is the estimated cost of maintenance on an annual basis?